

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90148 022 ***150.00

DOCUMENT # P08426

1. Entity Name
RUM ROW, LTD., CO.

Principal Place of Business

**P.O. BOX 1040
 GRAND CAYMAN
 CAYMAN ISLAND**

Mailing Address

**P.O. BOX 1040
 GRAND CAYMAN
 CAYMAN ISLAND**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SALVATORI, LEO J
 4501 TAMiami TRAIL NO., STE 300
 NAPLES FL 33940-0060**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2002, Fee will be \$550.00~~
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **SCHMIDT, EVELINE**
 STREET ADDRESS **CAMPOS ELISEOS 112A COL. PALANCO**
 CITY-ST-ZIP **MEXICO DF**

TITLE **STD** ☐ Delete
 NAME **DOERR, DANIEL**
 STREET ADDRESS **2100 WASHINGTON**
 CITY-ST-ZIP **GRAFTON WI**

TITLE **D** ☐ Delete
 NAME **LOOS, HENRY**
 STREET ADDRESS **411 EAST WISCONSIN AVENUE**
 CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Doerr, Daniel**
 STREET ADDRESS **900 Cheyenne Avenue, #100**
 CITY-ST-ZIP **Grafton, WI 53024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry J. Loos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry J. Loos

02/05/02

Date

(414) 277-5179

Daytime Phone #

CR2E034 (9/01)